IN THE UNITED STATES PATENT AND TRADEMARK OFFICEApplicant(s): William C. Olson et al.Serial No. : 09/912,824 Examiner: Jeffrey S. ParkinFiled : July 25, 2001 Group Art Unit: 1648For : COMPOSITIONS AND METHODS FOR INHIBITION OF HIV-1 INFECTION

Mail Stop AF
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: May 10, 2005

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. § 1.9 and § 1.27 has been previously established.

 A verified statement to establish small entity status under 37 C.F.R. § 1.9 and § 1.27 is enclosed.

 No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	26 -	* 33 =	*** 0 X	\$25	\$50	=	0.00	
Independent Claims	4 -	** 8 =	*** 0 X	\$100	\$200	=	0.00	
Multiple Dependent Claim(s) Presented For First Time <u>X</u> Yes <u> </u> No				\$180	\$360	=	180.00	
				TOTAL ADDITIONAL FEE			\$ 180.00	

- ¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

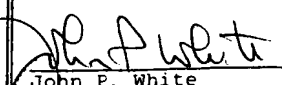
- ☒ One additional copy of this Amendment Transmittal Letter
☒ Return Receipt Postcard
_____ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes _____ No _____
and a fee of \$ _____ included)
☒ A Petition for an Extension of Time, including a fee of
\$ 60.00 for a Petition for 1 Month(s) Extension of Time
_____ Other (identify): _____

THE TOTAL FEE DUE IS \$ 240.00.

- ☒ A check in the amount of \$ 240.00 is enclosed.
_____ Please charge Deposit Account No. _____ in the amount of
\$ _____.
☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
☒ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,


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I hereby certify that this correspondence is being deposited this date with the U.S. postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450	
 John P. White Reg. No. 28,678	<u>8/10/05</u> Date